MARYLAND STATE DEPARTMENT OF HEALTH

	06	771			CERTIFICA	TE OF DEATH		0675	0			
-	I. PLACE OF	DEATH				2 USUAL RESIDENCE	Where deceased lived, if institu	tian: Residence before o	ndmission)			
	o. COUNT	1	P		MARWI AND	O STATE	LAND b. COU		, dillission,			
-	b. CITY O	KENT	utside corporate li	mits.	MARYLAND c. LENGTH OF STAY IN 1b		utside corporate limits, write RL		own)			
	write	URAL and giv	ve nearest tawn) RTOWN	111037	SIX DAYS	1	CHESTERTOWN (15 Yrs.)/7					
ŀ				f not in hospital.	give street address)	d. STREET ADDRESS	DIERIOWN	e.	IS RESIDENC			
					HOSPITAL, IN		NORTH MILL ST		ON A FARM			
=	3. NAME OF		ID QULLIN	First	Middle	lost	4. DATE Mon		Year			
	DECEASED (Type or)			JAY	FRED	ALLEGER	OF MA		19 6 7			
	S. SEX		COLDR OR RACE	7. MARRIED	-UNIV	8. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR	FUNDER 24			
	MALI	1	WHITE	WIDOWED	_	10/15/00	lost birthdoy) 66 yrs.	Months Doys	Hours			
1	10o. USUAL O	CUPATION (Gi	ve kind of work do	one 10b. K	(IND OF BUSINESS OR		& State, or foreign country)	12. CITIZEN OF W	/HAT			
9	during most o	f working life, JS TODIA	even if retired)	CHR	NDUSTRY IST METHODIST	CHURCH P	ENNSYLVANIA	US.				
1	13. FATHER'S		221	- OILLE	101 1011100101	14. MOTHER'S MAIDEN		1 001				
		EUGEN	E ALLEGE	R		MALVINA	CUSTER					
		EASED EVER IN	U.S. ARMED FORCE	ES? 16.	SOCIAL SECURITY ND.	7. INFORMANT	Addi	ess				
	N(yes give wor or dot	es of services 1	66-07-2465	HOSPITA	L RECERDS	CHESTERTOW	N, MI			
F	18. CAI	SE OF DEATH	(Enter only one	cause per line, fo	r (o), (b), and (c).)				VAL BETWE			
	PA	RT I. DEATH V	VAS CAUSED BY IMMEDIATE CAU	JSE (o)	EART FA	ILURE		32	AND DEA			
1		63X		DUE TD	10.000	. , /		Fei	11/11			
	Conditio	Conditions, if ony, which gove rise to immediate couse (a),										
	stoting	stoting the underlying couse DUE 10 DOCIAIN II P OF CIENTED TO WENT MENT										
1	PARI II.											
100	30° VC	YES NO										
1	OR CONT	RIBUTING [CAUSE OF DEATH	200. 0	ESCRIBE HOW INJURY OCCURR	ED. (Ellier notice of injury in	roll for roll if of item 16.}					
	- 1 111 211 112	•	Month, Doy, Yea	, 20d	INJURY OCCURRED 20e.	PLACE OF INJURY (Home, forn	n, 20f. (City or town)	(County)	(Sto			
1	20c. TIA	Hour o.m.		While	e Not While	foctory, street, office bldg., etc.		(600.11)	15.0			
		p.m.		01 150		MAY 6	1967 , to MAY .	2 1967 that	(1) (14)			
-	501	the dere	ased alive an	MAY	12 19 67 . and	that death occurred at	9:40M, fram causes	and an the date	stated			
П			2500 01110 011	D. A	7			22b. DATE SIGNED				
	220. SIGNATURE JOZGE CL. DUCLE M.D. ATTENDING MED. DIRECTOR DISTAFF 22b. DATE SIGNED 5-12-67											
		Weignanie!	1	A	- /	22d. ADDRESS			/			
	22c. Pl				7.Δ //	CHESTE	ERTOWN, MARYLA	ND				
		AME (Type)	DR. J.	A. OTEL								
	N. 23a. BURIAL	CREMATION.	23b. DATE	THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City or To	own) (County)	(Stot			
	N. 23a. BURIAL	CREMATION,	23b. DATE			OR CREMATORY	Chesterto		(Sto			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

25b. REGISTRAR'S SIGNATURE

164.299		• *
	LINE REND ENT 10 100	MI DEN TA PAGE
		attend to enti
	ASO 7. FEBRUARY AND ASSESSMENT	
	A TOPAGE	
		Δ.
	CONT. 10 10 10 10 10 10 10 10 10 10 10 10 10	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06772 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Kent County, Maryland MARYLAND	a. STATE Maryland b. COUNTY Kent
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
R.F.D. Chestertown, Md. 10 days	R.F.D. Chestertown, Maryland
d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
At the home of Mrs.Lena Williams	ON A FARM? YES □ NO 団
3. NAME OF First Middle OECEASED (Type or print) Annie	Bell death 5 Day Year 5 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Colored WIDOWED DIVORCED	1/5/1880 8 ast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Labor Various	Kent County, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Blake	Sally Hopkins
	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) 212-40-9167 M:	rs.Lena Williams Chestertown, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corebral Ca	scular operdeed ONSET AND DEATH
1/22/ DUE TO A C. A . S	
Conditions, If any, which (b)	
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES ND
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Wille I Not write I	pry, street, office bldg., etc.)
p.m. 19 at work at work 21. certify that (I) (this hospital) attended the deceased from	3-30, 1962, to \$-28, 1962, that (1) (we) last
	t death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Ham Toel Kall M.	D. ATTENDING MED. DIRECTOR DIPHYS. D 5-6-67
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Harry Paul Ross N. D.	Chestertown, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial (Specify) 5/8/1967 Janes Ceme	tery R.F.D.Chestertown.Md.
24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Chestertown,	Md. MAY 9 1967 yellarlay Juage

The second of the second second of the second of

I

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06761

U5773 CERT	IIICA	TE OF BEATT		Reg. Dist	l. No.	
1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (WHO STATE TO THE TENTE T	ere deceased lived. If instit	utian: Residence	e before admiss	ian)
Kent County, Maryland MAR	RYLAND	Maryl	and b. coon	TY ITALY	nd/	Aust
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)	YINIb	c. CITY OR TOWN (If a	outside corporate limits, write	RURAL and gi	ve nearest fawr)
H. Chestertown, Md.		R.F.D.#1	Chestertow	m, Mary	yland	17.3
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION In Doctor's Office		d. STREET ADDRESS		351		IDENCE FARM?
3. NAME OF First Middle OF DECEASED (Type or print) Mattie		njamin	4. DATE NO DEATH	Santh 5	70	rear 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI	RIED B	DATE OF BIRTH	9. AGE (In year		YEAR IF UNDE	R 24 HRS.
Female Colored WIDOWED TO DIVORCE	ED 🔲	10/9/ 1890	Jost birthday	rs. Months [Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS (during most of working life, even if retired)	OR INDUST	RY 11. BIRTHPLACE (State	ar fareign cauntry)	12. CITIZ	ZEN OF WHAT	COUNTRY
Labor Various		Marylan	d	U.8	5.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME			
Lee Dent		Mary E.1	Holley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	O. 17. IN	FORMANT	A	ddress		
No 212-14-40	013	Mr.Linwood	Lively Sr.	Ches	tertow.	n, Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	1.]				INTERVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY: Cerebral 1	vascu	lar hemorrh	age.		ONSET AND	DEATH
DUE TO						
Conditions, if any, which)						
gave rise to immediate					-	
cause (a), stating the <u>under</u> . Lying cause last. (c)						
			NAL DISEASE CONDITION (SIVEN IN PART	1(a) 19. WAS	AUTOPSY
History of previous atta	ack l	year ago.				RMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE History of previous atta 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED.	(Enter nature of injury in f	Part I or Part II of item 18.)			- (3
	20e. PLAC	E OF INJURY (Hame, farm	20f. (City or town)	IC.	ounty)	(State)
Hour a. jn. While Nat while	facio	ary, street, affice bldg., etc.)	100	201173	(31010)
5/6	110	181 .		1-0		
21. I certify that I attended the deceased from.	4.62.	, 19.6/, to	<u>/</u>			
alive on 19/1, and that	t death o		M, from the causes			
ACTUAL TE OSIO			ADDRESS (Street, city or tow	n, state)	DA	TE SIGNE
SIGNATURE JUMES HOLON	M	.o. Soo ken	t Street		5/	10/6
PHYSICIAN'S Thomas J. Solon, M. D.		Chester	town, Md. 2	21620		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEM	METERY OR	CREMATORY	22d. LOCATION (City, low	n, or county)	(State)
Burial 5/14/1967 Joshua C	hapl	e Cem.	R.F.D.Chest	ertown	n.Md.	
23: FUNERAL DIRECTOR'S SIGNATURE ADDRESS		24a. REC'I	BY REGISTRAR 246. RE	GISTRAR'S SIGN	NATURE	
Someth C)ally Chesterto	wn, M	d. DANEAY	16 1967 4	Charle	Judge	

1 1 instance and in Lucian Charles to the little to the little - 11 7/10 . And the Principles of the Pr Of the Mark Later at and the contract of the contra

College S Howy Equapment Distracts (Buckes) Rent By W. . A STATE OF THE PARTY OF THE STATE OF THE STA danum . 33- 61 Trobally but to be a few and the second of t And the state of t Chestacuth, Mt. 144 To opp 15

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

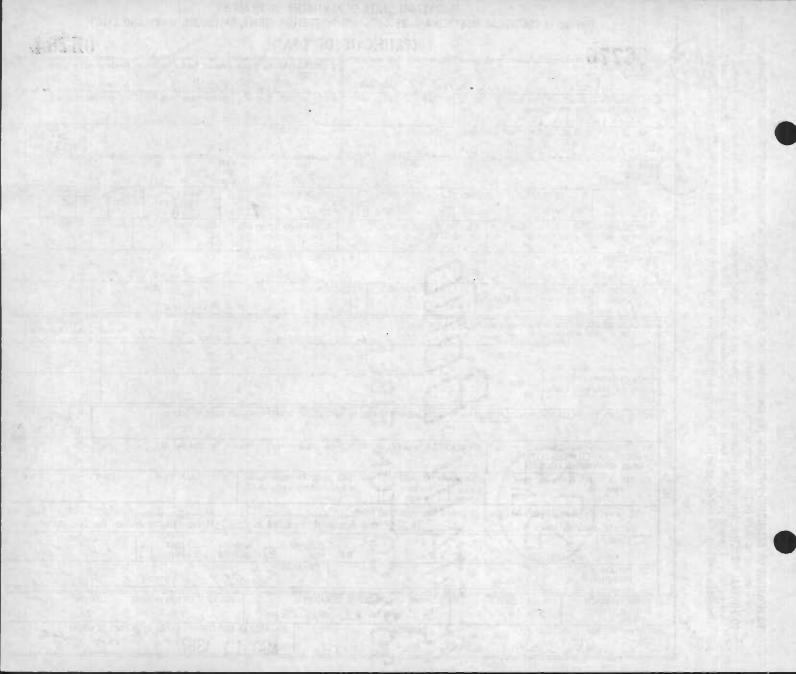
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
06775
CERTIFICATE OF DEATH
05763

0677	5		CERTIFI	CATE	OF DEAT	Н				UD	76	3
1. PLACE OF DEA	Kent		MARY	IANO	2. USUAL RESIDER a. STATE Marvlar			d, If instit b. COUNTY Kei	Υ	sidence	before ad	mission)
b. CITY OR TO	WN (if outside corpora AL and give nearest tow	te limits, c.	. LENGTH OF STAY		c. CITY OR TOWN (corporate IIr			nd glv	neares	t town)
Milli		,			Millin	acton				141		
d. NAME OF H	OSPITAL OR INSTITUTIO	N (if not in hosp	Ital, give street a	ddress)	d. STREET ADDRESS						IS RESI	IDENCE ARM?
3. NAME DF DECEASED (Type or print	,	rst	Middle	,	Last	4. DAT		Month		Oay	Yea	ir
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	Bowers DATE OF BIRTH		9. ACE (In	years IF	FUNDER 1	20 YEAR		
Female	Colored	WIDOWED [DIVORCE	ED	eb. 1, 190	7	60	141	lonths 0	ays	Hours	Min.
10a. USUAL OCCUP	ATION (Give kind of work	done 10b. KIND	OF BUSINESS OR		11. BIRTHPLACE (yrs. country)	12. CIT	IZEN O	F WHAT	
Housewo	rking life, even if retire ~レ	Own H	ISTRY		Marviland					JNTRY?		
13. FATHER'S NA		TOWIT II	louie		Maryland 14. MOTHER'S MA	IDEN NAME			U.S.	A.	_	
Alex B	ONOTE				Amelia	Stan	lev					
15. WAS DECEASE	DEVER IN U.S. ARMED FO	RCES? 16. SO	CIALSECURITYNO	. 17.	NFDRMANT	1 OLUM	Tey	Address				
No (Yes, no, or unkown)	(If yes give war or dates o		24-7269H	A Tam	es Walls	M433	ington	Mat	rvlan	d .	2165	1
	F DEATH [Enter only on				ies Hells	1122	arig con	1103	y a dat		VAL BET	
	DEATH WAS CAUSED BY	· Alsa	60 Yuson		Enon. 11	Line.	4 - 4				T AND D	
201	IMMEDIATE CAUSE	(a)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		enoup		- Jan			0		
Cenditions, If	DUE f any, which \	12-16	Burnet	in his	earl dis	ase				2	day	7
gave rise to	o immediate ((b) VVI		2	4							
cause (a), underlying ca	Statilik fue	(c) Oh	spric 1	Elie	make for	ever	,					
PART II. OTHER 20a. ACCIDEN OR CONTRIBU OF EITHER, N	SICNIFICANT CONDITION		NC TO DEATH BUT N	OT RELAT	EO TO THE TERMINAL	DISEASEC	ONDITIONCI	VEN IN PA	ART1(a)		WAS AUTPERFORM	
20a. ACCIDEN OR CONTRIBU (IF EITHER, N	T WAS UNDERLYING ☐ TING ☐ CAUSE OF DEA OTIFY MEDICAL EXAMI	TH NER)	CRIBE HOW INJUR	RY OCCUR	RED. (Enter nature	of Injury In	Part I or P.	art II of I	Item 18.)	1		
Hour a	INJURY Month, Day, i.m. 19	Year 20d. INJU	RY OCCURRED 2 Not While at work		E OF INJURY (Home, ,, street, office bldg.,		. (City or t	own)	(Coun	ty)	(S	tate)
	Ify that (I) (this hosp			om /	1-5-64	19	to 5-	-19-	196	, tha	t (1) (w	e) last
	eceased alive on	5-19.			death occurred at	10-M.	from the c	auses ar				
22a. SICNAT	URE (.15	0+						22b. DA	TE SICE	IED	
	Kuelo	ys lege	this	М.О.	ATTENOINC PHYS.	MEO. DIRECTOR	STAF		5-	22	-67	7
22c. PHYSIC NAME (Eglitis	, M.D.		22d. ADDRESS	nst	all,	nd				
23a. BURIAL, CRE REMOVAL (S Burial			3c. NAME OF CE				location (100	n or coun		(Sta	ate)
24. FUNERAL DIF			ADDRESS			EC'O BY RE		5b. REC	2		TURE	-
Eduna	Jell min	/ M4 1	lington,	Marri		V 0 F	1007	me		0		
- www		PILI	Ling con,	LILLY.	DAMA	160	136/	year	ante	1	140	7

VR A15 (4) 20M 1/65

1445 1 10 L 1 L 10 T confessor ACTION DESCRIPTION OF THE PROPERTY OF THE PROP Rosdis Variotis Enoughierous Politicantes land division chespine Polisienia proces 40 -61-6 20 11-6-61 20-61-4 Polistic Softing \$ 32-67 Roontlad Ind mudolen wildle, 170; the frame , smeld a strained filt contact to the contact and worked at the Control of the Control MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	~ (7	1	OS776 CERTIFICATE OF DEATH	05764
death	and	V		LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Reside	ence before odmission)
	5		C	COUNTY Kent County MARYLAND O. STATE Maryland b. COUNTY K	ent Co.
after	af af		Ь	. CITY OR TOWN (If autside carparate limits, write RURAL and g write RURAL, and give georest town)	ive nearest tawn)
Urs			C	hestertown Chestertown	4-1
24 hours	in .5.	207	C	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	filled in the papers.	21	1	Kent-Queen Anne's Hospital Route #3	YES NO
within	- +			IAME OF First Middle Lost 4. DATE Month DECEASED OF A	Doy Year
	corban ent, wit		3.5	Type or print) 20 Seph Wesley Srown DEATH May	R 1 YEAR IF UNDER 24 HRS.
executed	ev ev		5. 3	last birthdoy) Months	
ex	and com remove in ony ev		100		CITIZEN OF WHAT
e pe	=			ig most of working life, even if retired) INDUSTRY	COUNTRY? // S A
certificote	S 0_		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	VI. J. 11
ertif	ending phy nit. Then ar remova		1.	Illiam Alexander Brown Mary Anna Graves	
	ding TF			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	
the deoth			(16:	NO Hospital records	
the	40			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSEL AND DEATH
that	by the transit cremat	Ъ.		IMMEDIATE CAUSE (0) - 1 ROKE & 67 Message greet	Mays
es t	al, c			Conditions, if ony, which gove) (b) A S C () D	
quir	signed burial-t burial, c			rise to immediate couse (a),	
W LE				lost. (c)	
The low requires	certificate has been hed for use as the pt. of Health prior to	-		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
	e ho	1	CERTIFICATION		YES NO
4	4		TIFIC	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH	KYGENES
SIC	is certificated for ached for sept. of H			(IF EITHER, NOTIFY MEDICAL EXAMINER)	
F	a do		WEDICAL	Haur o.m. While Not While foctory, street, office bldg, etc.)	County) (Stote)
NG.	fter the be det		M	p.m. 19 atwork of work	72.1.00
ATTENDIN	e d A				the date stated above
E	ECTOR: S should with the			220 SIGNATURE / 22b.	DATE SIGNED
OR A	DIRECTOR Je 3 shoul				5-13-67
AL	AL DIS	1	Н	22c. PHYSICIAN'S 22d. ADDRESS	11/2/12
TO HOSPITAL	o FUNERAL DIRECTOR director, poge 3 shoul should be filed with th			NAME (Type) Dr Harry P. Koss Chestertown,	11/18 01620
HO	o FUNERA director,	0	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 5/16/67 L= MMANUEL MET. CEM. R. C. D. # 3 C. O. G.	(County) (Stote)
0	5 ip 12	P	24	REMOVAL (Specify) 5 (16/67 L= MMANUEL MET. CEM. R. C. D#3 C METORETAL DIRECTOR. 250. RECID BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE -
	VR A15 (4)	13	14	TOWNERS THEOLOGY TO THE PARTY T	



a gee TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

DIVISION	MAR' OF STATISTICAL RESE	YLAND STATE DI			1 MARYLAND
96777	OF STATISTICAL RESE.	CERTIFICAT			06765
1. PLACE OF DEATH				E (Where deceased lived, If institu	ition: Residence before admission)
a. COUNTY K	lent	MADVI ANO	a. STATE Mar	vland b. COUNTY	Kent
	(if outside corporate limits, and give nearest town)	MARYLANO c. LENGTH OF STAY IN 1b		outside corporate limits, write	
			Pools	Ball, Md.	12/01
d. NAME OF HOSPI	town, Md.	l Ospital, give street address	d. STREET ADDRESS	Gall, Flu.	6. IS RESIDENCE
	een Anne Hosp				ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Rosetta	Middle	Last XON	4. DATE Month OF DEATH May 5,	Day Year 1967 19
5. SEX 6	. COLOR OR RACE 7. MARRIES	NEVER MARRIED	8. DATE OF BIRTH	19 ACF (In years IF)	UNDER 1 YEAR IF UNDER 24 HRS.
	hite WIDOWED		12/3/1901	6 birthday) Mo	onths Days Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work done 10b. K	INO OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working		VDUSIKT	Marylan	d	USA
Housewi 13. FATHER'S NAME	TE		14. MOTHER'S MAID		
James	F. Baker		Sus	san Thomas	
15. WAS DECEASED EVI	ER IN U.S. ARMEO FORCES? 16.		INFORMANT	Address	
no no	2.1	5 20 0198	Henry J. Co	oxon Rock Hal	1, Md.
18. CAUSE OF DE	ATH [Enter only one cause per I	ne for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	GESTIVE F	FEART IFF	TILURS	ONSET AND OEATH
287%	DUE TO				,
Conditions, If an		PERTEN	SLEN		SEV. YEARS
gave rise to In					Cal Han
underlying cause		BESity	4		SEV- YZAKB3
PART II. OTHER SIC	NIFICANT CONDITIONS CONTRIBU	TING TO OEATH BUT NOT RE	LATEO TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO ST
20a. ACCIDENT WA	G CAUSE OF DEATH	DESCRIBE HOW INJURY OCC	CURREO. (Enter nature of	Injury In Part I or Part II of It	em 18.)
	Y MEOICAL EXAMINER)	WHIRV CONTINUED LOS - DI	AGE OF IN HIDWIN	1 006 (011 10)	(County) (State)
20c. TIME OF IND Hour a.m. p.m.	JURY Month, Day, Year 20d. J While 19 at worl	Not While fac	ACE OF INJURY (Home, fa tory, street, office bldg., e	rm, 20f. (City or town)	(County) (State)
	that (I) (this hospital) attend	ed the deceased from	4-12- 1	62 to 5-5	19 62, that (I) (we) last
	ased alive on 5-5-	19.67 and th	at death occurred at	AM, from the causes and	d on the date stated above.
22a. SICNATURE	- 87-			2	2b. OATE SIGNEO
	1200cc	K M		MED. STAFF PHYS.	5-5-67
22c. PHYSICIAN ^o NAME (Type		-	22d. ADORESS		21(20
Tivine (1) pe) Jorge A. Ot	e‡Ia	Ches	tertown, Md.	21620
23a. BURIAL, CREMAT REMOVAL (Speci Burial	10N, 23b. DATE THEREOF 5/7/67	Wesley Cha		Rock Hall,	or county) (State)
24. FUNGRAL DIRECT	08/1/1/10	ADDRESS		D BY RECISTRAR 25b. REGI	STRAR'S SICNATURE
tell,	Visi Della	Chestertown	, Md. DATE	8 1967 Rolla	was Judge

196

VR AIS (4) 3V 20M 1/65

* the court works a transfer of the court of FINE TER with the local Country Country Con Cont. No. 121. respect to the latter of the second section of the section of the second section of the section of the second section of the section o

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06778 executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b COUNTY o. STATE a. COUNTY Kent Maryland Kent MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits. write RURAL and give nearest tawn) 12 days Rock Hall Chestertown e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) completely filled in ave carban papers Kent & Queen Anne's Hospital ND SE YES None 4. DATE 3 NAME OF Middle Last Year 0F DECEASED Hiram Jonas Crew DEATH 67 (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS B. DATE OF BIRTH AGE (In years 5 SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Dovs Hours WIDOWED DIVDRCED 9/25/1884 and in any Male White and 12. CITIZEN OF WHAT 1Db. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done CDUNTRY? during most of working life, even if retired) INDUSTRY physician ChestertownMaryland the death certificate Carpenter IIS 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, attending phy permit. Then Mollie Pierce William Crew 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. (Yes, na, ar unknown) (If yes give war or dates af service Hospital Records Chestertown Md. 21626 signed by the atter burial-transit perm burial, crematian, a No 215-20-1103 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY that AVTENIU- Sclevet. avalo - Vaszular IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), moderates and amayou stating the underlying cause Page 4 may be retained by the haspital ar attending priar ta the has been ullona GS WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? ed far use af Health NO certificate ATTENDING PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) OR CONTRIBUTING SCAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, farm, (City ar town) (County) (State) 2Dd. INJURY OCCURRED 2Df. 2Dc. TIME OF INJURY Manth, Day, Year factary, street, affice blda., etc.) Nat While at wark 67 5/24 19 67 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 19 ta 19.67, and that death accurred at 324M, fram causes and an the date stated above saw the deceased alive an_ 5/24 O FUNERAL DIRECTOR: 22b. DATE SIGNED 22g SIGNATURE MED. DIRECTOR STAFF PHYS. 3 M.D. PHYS directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL Dr. A. T. Keefe Chestertown, Maryland 21620 NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) 23a. BURIAL, CREMATION REMOVAL (Specify) Wesley Chapel Rock Hall Maryland Burial 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Church Hill. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

trade from the first resource the printing by the city to a

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funefal, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

		MARYLAN	D STA	TE DEP	ARTM	ENT OF I	HEALTH		
DIVISION OF	STATISTICAL	RESEARCH	AND R	ECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLAN
06770		C	CDTII	FICATE	OF	DEATH			Omman

	DIVISION OF STATISTICAL RESEARCH AND RECORDS OF 15 CERTIFICATION CERTIF	S, 301 W. PRESTON STREET, BALTIMORE 1, E OF DEATH	MARYLAND
	PLACE OF DEATH a. COUNTY Kent MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE Maryland b. COUNTY	Residence before admission) Kent
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Chestertown c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA Kennedyville	AL and give nearest town)
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Kent & Quean Anne	d. STREET ADDRESS Kentmore Park	9. IS RESIDENCE ON A FARM? YES NO
		Sr. Last 4. DATE Month DF DF May 24, 1	Day Year 967 19
	male white widowed Divorced F	8. DATE OF BIRTH 1904 63 AGE (In years IFUNDE 1904 63 yrs.	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (GIVe kind of work done look. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY R tired Electrician	Yonkers. N.Y.	CUTIZEN OF WHAT
	John Francis Duke	Jeanette Gould	
	(Yes, no. or unknwn) (If yes nive war or dates of service)	Elfrieda D. Duke - Kenned	dyville, Md
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Arteriosclerotic IMMEDIATE CAUSE (a)	eardiovascular disease	INTERVAL BETWEEN ONSET AND DEATH
	Conditions if any which DUE TO with symptoms a	nd history highly sug-	l hr.
	underlying cause last. (c)	ssive coronary infaret	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED? YES NO 2
- 1		JRRED. (Enter nature of injury in Part I or Part II of Item 1	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto at work 19 at work 19	CE OF INJURY (Home, farm, 20f. (City or town) (Corry, street, office bldg., etc.)	ounty) (State)
		t death occurred at 9:45 M, from the causes and on	the date stated above.
	22a. SIGNATURE 22c. PHYSICIAN'S acitic M.D	ATTENDANCE CARES OFFICE	5/24/67
4	NAME (Type) A. C. Dick 238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Chestertown, Md. 2162	
	Bremoval (Specify) 5/27/67 Crumpton 24. Funeral Director / ADDRESS		
1	Hulls Wells Chestertown,		

VR AI5 (4) 20M 1/65

4500 - the same of the same 1 e as the residence of the control of STORAGE PRODUCT OF THE PARTY OF Apple Cheaterroom, Ma. Transaction

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

3

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1060	U		CERTIFICAT	E UF DEA	I H		11571	18
	PLACE OF DEAT a. CDUNTY	Kent		MARYLAND	a. STATE	ENCE (Where deceased Maryland	b. COUNTY	Ker	nt
		N (if outside corporate and give nearest town		c. LENGTH OF STAY IN 1b	Che	(If outside corporate stertown	e limits, write	RURAL and g	Ive nearest town)
		spital or institution gh St.	(if not in ho	spital, give street address		gh St.			O. IS RESIDENCE DN A FARM?
	NAME OF DECEASED (Type or print)	Olie		Middle	Ford	4. DATE	Month	, 1967	
	sex ile	6. COLOR OR RACE white	7. MARRIED		8. DATE OF BIRTH Aug. 27,	1879 9. AGE last	(In years IF birthday) Mo yrs.	UNDER 1 YEAR on this Days	Hours Min.
durl	Retire	rion (Give kind of workd Ing life, even If retired ed Farmer	one 10b. KI	ND OF BUSINESS OR DUSTRY	Delawa		reign country)	12. CITIZEN COUNTR US	Y?
		critt Ford				ter Newna			
(Yes		EVER IN U.S. ARMED FDF (If yes give war or dates of			Bessie E	Ford - Ch	Address estert	own,	Md.
		Immediate tating the DUE 1	a) Comp 0 b)	plications of	ald ag	~		ON	SET AND DEATH
L CERTIFICATION	2Da. ACCIDENT DR CONTRIBUT (IF EITHER, ND	WAS UNDERLYING ☐ ING ☐ CAUSE DF DEAT TIFY MEDICAL EXAMIN	20b. D	TING TO DEATH BUT NOT REL	URRED. (Enter nature	e of Injury in Part I o	or Part II of It	tem 18.)	PERFORMED?
MEOICAL	Hour a.i		while at work	Not While fact	ACE DF INJURY (Home ory, street, office bldg	e, farm, 20f. (City	or town)	(County)	(State)
	saw the de 22a. SIGNATU	ceased alive on RE	tal) attende 5- 2	d the deceased from G 1967, and the	t death occurred a	Z DIRECTOR P	ne causes an	d on the da	
İ	22c. PHYSICIA NAME (T	ype) A. C.	Dick			estertown			
23a.	Burial Spi	5/26	67	Galena Ce	metery	Gale	nam M	Maryla	
24.	FUNERAL DIRE	ellis We	lls	Chestertown	, Md. 25a.	REC'D BY REGISTRAN	0.000	STRAR'S SIGI	

VR AI5 (4) 2DM 1/65

12.0 DOME STATES Complication of all sage 27 65 miles 23 01-2-20 19 04-55 aish

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in tem 18. Give Pages 1, 2, and 3 to the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examine's Office along with farm. PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- 6	36781	MEDICAL EXAMINER'S	CERTIFICATE U	FDEATH	06769
1. PLACE o. COL	of DEATH INTY Kent	MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institution: Residual B. COUNTY K	dence before odmission) Cent
Ch.	OR TOWN (If outside corporate limits, te RURAL and give nearest town) STETOWN BE OF HOSPITAL OR INSTITUTION (If not in		Chest d. STREET ADDRESS	ertown Lifetin	
K	ent & Queen Anne	Hospital (2hrs)	103 Pin	e St.	YES NON
	SED DAVID J.		Lost	4. DATE Month OF MAY 14,	
S. SEX	1 - rahito	IDOWED DIVORCED A	April 29,	1949 lost birthdoy) Months	
	LOCCUPATION (Give kind of work done st of working life, even if retired) Student & Rad:	10b. KIND OF BUSINESS OR	Cecil Co	or foreign country) o. Maryland	COUNTRUSA
13. FATH	John Fowle:	r	Fay C	NAME Chance	
Yes, no,		220 52 0298 J		Address r - Chestertown	, Md.
18.	CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), ond (c).) Fracture base of	skull -	severe	2 SUST AND DEATHS
rise 1	DUE TO DU	Auto accident. I	CANTES SEALER	ein Civil Some	ar. Course
NOLLA	II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
PRIM	EXTERNAL CAUSE WAS NARY □ OF CONTRIBUTING □ SE OF DEATH.	20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port I or Port II of item 18.)	Name Sample
20c.	TIME OF INJURY Month, Doy, Yeor 45 85/14 67	20d. INJURY OCCURRED 20e. PLAC While Not While of work of work	E OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (State) nt Md.
ACTU SIGN	ATURE (XXLIA V)C	uses [], Accident K], Suici	de, Homicide CHIEF MEDICAL OWN ASSISTANT MED	, Undetermined monner EXAMINER	22. DATE SIGNED
NAM	MINER'S Robert W. Fa: E (Type) IAL, CREMATION, 23b. DATE THEREOF	rr Kent Co. Mo	Address (Street	t, city, town, or county) 23d. LOCATION (City or Town)	5/14/67 (County) (State)
	YAi(Saeqfy) 5/16/67	St. Paul Ce	em. near	Chestertown,	, , , , , , , , , , , , , , , , , , , ,
24. FUN	FAL PIRECTOR (O. L.) OO	Chestertown	n. Md. MAY	BY REGISTRAR 25b PEGISTRAR	SKIGNATURE

VR A15ME (5) 6M 1/67

- Marie Land Total THE REPORT OF THE PARTY OF THE TENOVOY - Limit Income consequent. and a model and a body dended the block of the July & specific Shirem seller AS THE STATE OF THE PARTY OF THE PROPERTY OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06782 , filled in by the funeral in papers. Pages 1 and vithin 72 haurs after leath 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b COUNTY o. STATE o. COUNTY Kent Maryland MARYLAND Kent c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall 45 days Chestertown e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) within 72 NO -None YES Kent & Queen Anne's Hospital and campletely fill Middle 4 DATE Dov Year 3. NAME OF OF DECEASED Francis Florence May DEATH and in any event (Type or print) IF UNDER 1 YEAR AGE (In veors 6. COLOR OR RACE 8 DATE OF BIRTH S SEX 7. MARRIED NEVER MARRIED last birthday) Months Hours 9/18/1883 83 WIDOWED X DIVORCED Female. White 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Maryland US 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, Walton Sutton Emma Wilson attending poermit. The Address 16 SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 220-16-9699 Hospital Records signed by the attent burial-transit permit burial, crematian, a Chestertown, Md. 21620 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (0) Car DUE TO from logot breast Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION detached far use te Dept. af Health NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. While Not While State at work of work 19 67, ta 4/11 5/26 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from. 19 67, and that death occurred at 3 3 AM, from causes and an the date stated above. 5/26 sow the deceased alive on DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE director, page 3 shauld be filed v PHYS. 22d. ADDRESS 22c PHYSICIAN'S FUNERAL NAME (Type) Dr. A. C.Dick Chestertown, Maryland 21620

23c. NAME OF CEMETERY OR CREMATORY

TO HOSPITAL OR ATTENDING Page 4 may be retained by the 9 VR A15 (4) 20 M 1/66

24 haurs after death

executed

the death certificate be

PHYSICIAN: The law requires that

the haspital ar attending physician.

Buria **ADDRESS** 24. FUNERAL DIRECTOR Chestertown, Md.

23o. 8URIAL CREMATION REMOVAL (Specify)

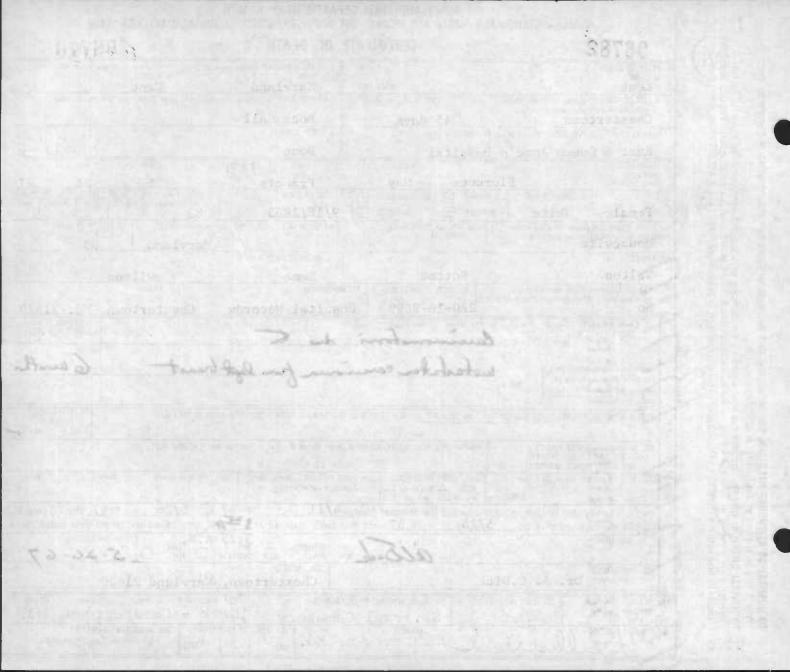
23b. DATE THEREOF

5/29/67

St. Paul Cemetery

(County) 23d. LOCATION (City or Town) Near -Chestertown, Md. 2Sb. REGISTRAR'S SIGNATURE

250. REC'D 8Y REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06783

FOR STATE HEALTH DEPV.

ny delay is

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death If

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Department a

Health priar to burial, crematian, or removal, and in any event within 72 hours after death

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			111201		O CEILLI				115	/3	
1	PLACE OF DEATH						(Where de	ceosed lived, if instr		te before odmis	sion)
-	o. COUNTY	Kent		MARYLANI		TATE			UNTY		V
-	b. CITY OR TOWN (I	t autside corporate limits,		c. LENGTH OF STAY IN 16		OR TOWN (if	aware	parate limits, write l	RURAL and give	e neorest town)	
		give nearest town)				(
	Cheste			39 hours		Smyr	na.		463	T a to be	CIDENCE
1	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in ho	spital, g	ive street address)	d. STR	EET ADDRESS				e IS RE	FARM?
		& Queen Annes								YES	NO K
3.	NAME OF DECEASED	First		Middle		Last	4. DAT	TE M	onth	Day	Yeor
	(Type or print)	CHARLE	S		GRA	HAM	DEA	ATH M	a.v	8 1	9 67
S.	SEX	6. COLOR OR RACE 7. MA	ARRIED	NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In years lost birthdoy)			DER 24 HRS.
	Male	Colored WIE	OWED	DIVORCED [No	v 7 .	1917	/. Q yrs.		Doys Haur	S WHITE.
10	THE RESERVE OF THE PARTY OF THE	(Give kind of wark done	10b. KII	ID OF BUSINESS OR		SIRTHPLACE (Stot		A STATE OF THE STA		TIZEN OF WHAT	
	ring mpstoflworking		7712	Trious				*		UNTRY?	
	200000			L TOUD	1 14 44	Virg			IUSA		
13	FATHER'S NAME	0.0			14. M			***			
		Coleman Graha	m.				ILLa V	Wilson			
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 9	OCIAL SECURITY NO.	17. INFORMA	ANT		Ad	dress		
1 (3	es Mo or nuknown)	(If yes give wor or dotes of service	e	Yes	Hospit	al reco	rds.	Chestert	own. Me	d.	
-	T 18 CAUSE OF DE	ATH (Enter only one couse per	line for	(a) (b) and (c))						INTERVAL E	BETWEEN
		H WAS CAUSED BY:		peritoneu	100					ONSET AND	DEATH
	0250	IMMEDIATE CAUSE (o)	nei	in herr conen	ш					9 , , ,	1 637
	C 89: :t	DUE TO	0 -		7 4		7				
	rise to immediat	A COUSA (0)	COI	tusion of	liver	and sp	Teeu				
	stoting the under		Win "	tiple frac	tures	of rib	s. r	ight.		MAKE.	
	last.	(c)	1100	torpre rado	UUI CO	01 110	, , _	20			
2	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRIB	UTING T	O DEATH BUT NOT RELATED	TO THE TERM	MINAL DISEASE CH	ONDITION (GIVEN IN PART 1(0)		19 WAS A PERFOI	
15	100									YES TO	NO [
CERTIFICATION	20o. EXTERNAL CA	USE WAS	20b. DE	CRIBE HOW INJURY OCCUR	RED. (Enter no	ture of injury in	n Part I ar	Port II of item 18.)			
E	PRIMARY FOOT COL	NTRIBUTING 🗆	_								
		JRY Month, Day, Year		stained in a		JURY (Home, for	rm. 20)f. (City or town)	((0)	unity)	(State)
MEDICAL	Hour or	A 5/7/67	While	Not While		et, office bldg., et	c)				
2	BOOLT The	n. 27 17 19	of work		highw	67 16.		r Sudlers	ville (ZA M	d.
	21. I certif	y that I took charge of t	he ren	nains described obove	e, held on	Autopsy X	, Inspe	ection 🔲, 🔝 Ir	iquiry,	and in m	y opinion
	death result	ted from: Natural cau	ses [. Accident XI.	Suicide]. Homicid	le 🗍	Undetermined	monner		
		1141		4.	TO ALL	CHIEF MEDICA	AL EXAMINE	ER 🗍			
	ACTUAL SIGNATURE	14XX tan	_		M.D.	ASSISTANT MI	EDICAL EXA	MINER [22. DA	TE SIGNED
		C1-01 1()			M. D.	DEPUTY MEDI		NED []	1 0	r 1011	7
)	NAME (Type)	Robert W. Farr						wn, or county)	t Co	5/9/6	1
23	Burial, CREMATIC			1 23c. NAME OF CEMETER	Y OR CREMATE			LOCATION (City or	Town)	(County)	(Stote)
20	BEMOVAL (Specify	1	67				-	myrna		De	-
	A FINERAL DIRECTO	5/15/19	0/	Odd Fello	DW'S	em.	C'D BY REG		PECISTRAR'S S	LICHATIMPE	
1	25 MARKAL DIKELLY	12/2/21				MA		1967	Milare	es Judy	le.
6	1 squiet	y occord		Chestert	own M	d DATE				0 0	

VR A 15ME (5) 6M 1/67

and the same TOTAL TOTAL The second parameter that the function of the former of the legitles. STEED THE THE TANK THE THE TANK THE TRANSPORT

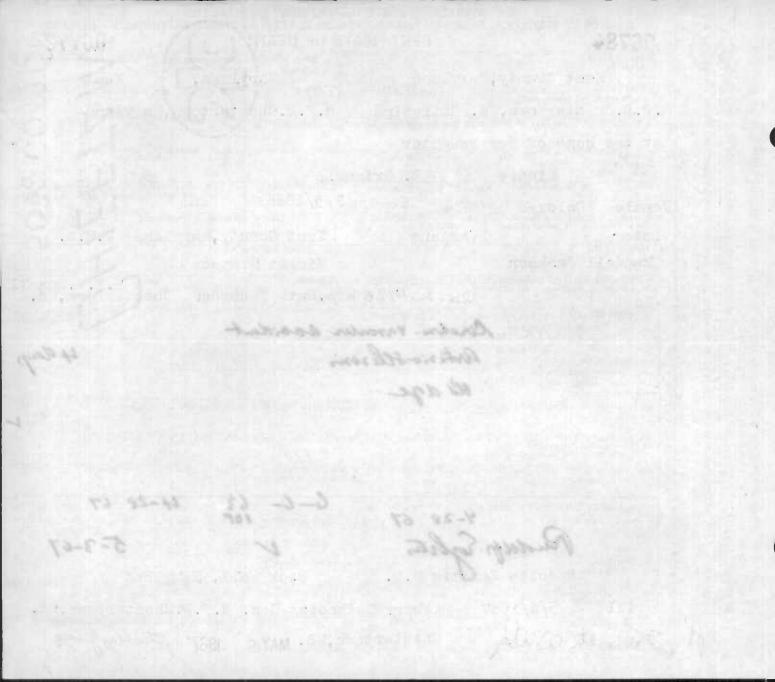
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH Kent County, Maryland Maryland MARYLAND c. LENGTH OF STAY IN 1b

1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) R.F.D. Chestertown, Md. R.F.D. Chestertown, Maryland Lifetime d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADORESS ON A FARM? At the home of her Daughter YES NO NAME DE DATE Last Month DECEASED (Type or print) DEATH Minnie B. Grinnel 19 67 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Jast birthday) | Months | Oays Hours Female WIDOWED Colored 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Kent County, Maryland Various Labor U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Randell Jackson Violet Gravson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT R.F.D.Box (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Ruth Thompson Chestertown, Md. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), euro- Varonter acordent DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED' ND D 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory; street, office bldg., etc.) Hour a.m. Not While p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 10 PM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED MED. M.O. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) S Hall. Maryland Rock 23a. BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 6/ 1967 Asbury Methodist Cem. R.F.D. Chestertown, Md. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Chestertown, Md.

death. Pages 1 hours after emove carbon papers. Pag any evept, within 72 hours = filled within etely comple executed and = certificate remova transit permit. death p attending physician. signed burial-t burial, The law requires the bu ass for use Health certificate this certetached for PHYSICIAN: ATTENDING DIRECTOR: age 3 should iled with the FUNERAL HOSPITAL director, p 0

VR A15 (4)



06785 FOR STATES

in pencil in Item 18. Give Pages 1, 2, and 3 to PM3. Page nent of y delay is 5 may be retained far yaur files. the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm DICAL EXAMINER: This certificate should be executed within 24 hours after death. If Health prior to burial, cremation, or remaval, and in any event within 72 hours after death. "pending" necessary, please execute the certificate, writing the ward

TO DEPUTY ME

VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

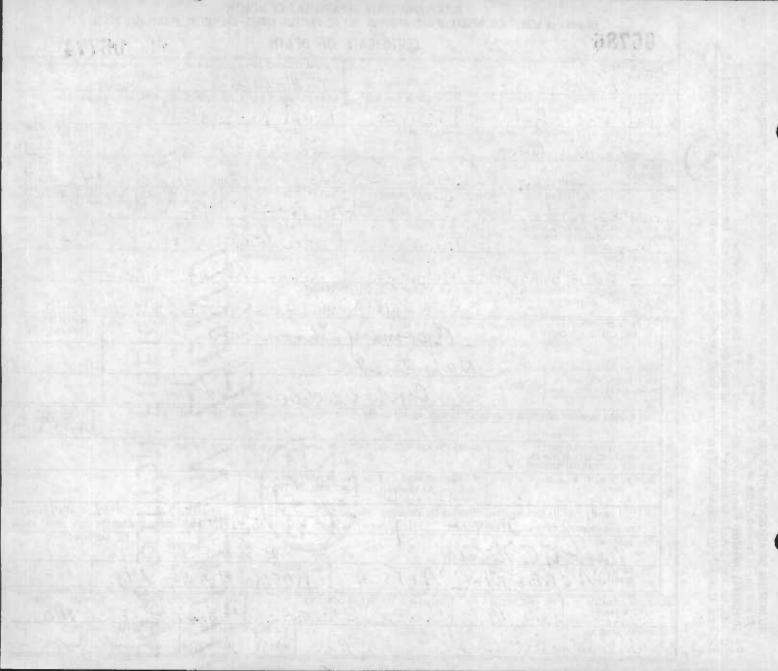
06773

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	1. PLACE OF DEATH				(Where deceosed lived, it institution: Reside	ence belore odmission)		
. 1	o. COUNTY	Kent	MARYLAND	o. STATE Maryland b. COUNTY Kent				
	b. CITY OR TOWN	(Il outside corporate limits,	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL and g	ive nearest tawn)		
	Rura1	Chestertown	lifetime	Rural	Chestertown	14.1		
7	d. NAME OF HOSPI	TAL OR INSTITUTION (If not in haspital, g	give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?		
0	Qu	aker Neck Sect	ion	Quaker	Neck Sec.	YES NO		
	3. NAME OF DECEASED	First	Middle	Lost	4 DATE Month	Doy Year		
١	(Type or print)	Robert J. Hic	kman Jr.		DEATH May 22, 19			
	S. SEX		NEVER MARRIED	8. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.		
	male	white WIDOWED	DIVORCED 3	1/9/27	40 birthdoy) Months	Doys Hours Mill.		
	100. USUAL OCCUPATIO	N (Give kind of wark done 10b. KI	ND OF BUSINESS OR DUSTRY		"	CITIZEN OF WHAT		
	during most of working Farm	Laborer				USA?		
	13. FATHER'S NAME			14. MOTHER'S MAIDER	N NAME			
		ert J. Hickman		Miria	am Keeley			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address							
	no	72	1 14 7315	Eleanor	F. Hickman Chest	ertown, Md.		
	18. CAUSE OF D	EATH (Enter only one couse per line lor	(o), (b), ond (c).)			INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) Asphyxia							
	DUE 10							
	rise to immedio	te couse (a)	ging.					
	stating the unde	, ,						
	last.) (c)	TO DEATH BUT HOT BELATED TO	THE TERMINAL DISTAGE C	CONDITION CRITICISM DARK I/	19 WAS AUTOPSY		
2	NOTE S	IGNIFICANT CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE C	UNDITION GIVEN IN PART 1(0)	PERFORMED? YES NO		
	200. EXTERNAL CO		SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury i	in Port I or Port II of item 18.)			
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Iarm, 201. (City or Control Cont							
	9 47 octory, street, office bldg., etc.) Chefulan Co							
	21. I certif	21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion						
	death resul	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner						
	ACTUAL /							
	SIGNATURE	22. DATE SIGNED						
2	EXAMINER'S NAME (Type)							
	23a BURIAL, CREMATI		23c. NAME OF CEMETERY OR		23d LOCATION (City or Town)			
	BUT La L	5/25/67	Chester Ce		Chestertown,	Md.		
1	24. UNERAL DIRECTO	OR. OO 13 O	Charter of the		C'D BY REGISTRAR 2Sb REGISTRAR'S			
	7 W	Wia Wells	Chestertown,	MCL. MAY	26 1967 Juliane	0		

to be writer THE RESIDENCE OF SHIP ACT DE DITTO CONTRACTOR DE LA CONTRACTOR Place and Pt. Heart Synthesis of the will make the angelone

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06786 CERTIFICATE OF DEATH death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY o. COUNTY MARYLAND 24 haurs after CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carporate limits. 17.URS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) campletely filled in ave carbon papers. KINNERS NO B YES KINNER'S executed within 4. DATE 3. NAME OF Month Year OF DECEASED QINIA ONES 196 DEATH (Type or print) AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED - NEVER MARRIED DATE OF BIRTH remave birthdoy) Months Hours WIDOWED DIVORCED and in any 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country during most of working life, even if retired) INDUSTRY edse the death certificate HOME 14 MOTHER'S MAIDEN NAMI 13. FATHER'S NAME attending 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ng, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-transit burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: that IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO as the priar tak stating the underlying couse WAS AUTOPS' PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? be detached far use State Dept. af Health NO certificate PHYSICIAN: 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. 20c. TIME OF INJURY Month, Doy, Yeor TO FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this hospital) attended the deceased fram Liebs 1953 10/11all 14 4 may be retained director, page 3 shauld shauld be filed with the May 12 1967, and that death accurred at 45 PM, from causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LOCATION (City or Town) (County) (Stote) NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION REMOVAL (Specify) 25o. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carron papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OCTOR

	110 18 1 OFF	HITIGATE	OF DEATH		UO (d)		
1.	PLACE OF DEATH e. CDUNTY		2. USUAL RESIDENCE		d, If Institution: Re	sidence before ad	mission)
-	h CITY DD TDIWN (SCANAL)	MARYLAND	c. CITY DR TOWN (If	Sudalda cornorata Un	alte welta DIIDAI	and also neares	t town)
1	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)		C. CITY DR TOWN (IT	outside corporate illi	iits, wiite KOKAL	THE RIVE HEALES	L LOWIN
	1/1/ brion 40	yes.	Wor	lon		14-1	
	d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give s	treet address)	d. STREET ADDRESS	Com		e. IS RES	IDENCE ARM?
_	Jan						
3.	NAME OF DECEASED (Type or print)	1. Lo	Last	4. DATE DF DEATH	May	29 19	1 0
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER I	MARRIED 1 8	DATE OF BIRTH	9. AGE (In	years IF WNDER		
1		VORCED	lov 23/8	891 Bast DIT		Days Hours	Min.
10				or / J	yrs.	TIZEN DF WHAT	
	a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSIN ring most of working life, even if retired) INDUSTRY	IESS OR	11. BIRTHPLACE (Con	unty & State, or foreign	CD CD	UNTRY?	
1	Milisman Frain &	Lud	1-airly	Kint Co.	md 1	15 A	
13	1 1000	7-000	14. MOTHER'S MALDI	EN NAME		, - , / , .	
	Edward Loud	(Mach	1 Mas	elin		
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	RITYNO. 17. IL	NFDRMANT	, ,	Address	, ,	,
(4)	es, no, or upkown) (If yes give war or dates of service) 2/6-09-	6022 /	Ins Other	Parud	World	n mo	1.
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	1			INTERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY: Coronary	Thromb	osis			Short	DEATH
	IMMEDIATE CAUSE (a)						
	1921 DUE TO	9		o coulon	dicasea	severa	1
	Conditions, if any, which) Arterios	cleroti	c cardiov	ascular	1726020	300014	J.
gave rise to immediate							
	cause (a), stating the DUE TO						
-	underlying cause last. (c)				DATE IN DATE 1/a	IIO WAS AL	ITDDGV
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATE	ED TO THE TERMINAL D	ISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AU	
S						YES 🗍	NO A
E	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HO	W INTERV OCCURE	RED. (Enter nature of	Injury In Part I or F	art II of Item 18.)	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W HOOK! GOOGK!	NED. (Eliter nature of	injury in rote rote.			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUP	RED 20e. PLACE	OF INJURY (Home, fa	rm, 20f. (City or	town) (Cou	nty) (Stete)
12	Hour a.m. While - Not Whi	le factory	, street, office bldg., et	tc.)			
Z	p.m. 19 at work at work			7 7 7 7 7			
	21. I certify that (I) (this hospital) attended the dece	ased from 1/	26 19	61 to 5/2	9 1907	, that (I) (v	we) last
	saw the deceased alive on 5/29 197	and that o	death occurred at	M. from the	causes and on the	ne date stated	above
	22a. SKNATURE.	, and that t	3	0		ATE SIGNED	
	228. 31111012		ATTENDING A	MED. STAF		mc 6/1	167
	Steel Volume	M.D.	PHYS.	DIRECTOR PHY	5. 444	10/1	./0/
	22c. PHYSICIAN'S NAME (Type) Robert W. Farr, I	1. D.	220 ADDRESS Hester	town, Ma	ryland	1 1 1	
-	DUDIAL ODERATION 10h DATE THEREOE 100 MAN	E/OF CEMETERY C	DE CHEMATORY	1 23d ADCATION	(City, town or cou	inty) (S	tate) ,
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAM PEMOVAL (Specify)	O CENETER !	THE WINDE	200.	-/- 11	10	11
	Dujal June 1/94/ Ch	uspu le	melay	Muyer	win /len	100 11	141
24	4. FUNERAL DIRECTOR	ESS /) /25a. REC	D BY REGISTRAR	2.1 0	S SIGNATURE	
	Marin V. William Ch	14/11/00in	MOI DATEUN	5 1967	Jeliane	o Judge	
				U 1771			

VR A15 (4) 15M 4-64

bridge of the state of the stat

CERTIFICAT

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY Kent b. COUNTY Maryland Kent MARYLANO b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Chestertown Chestertown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? 107 High St. NO TO YES 3. NAME OF Middle DATE Month Oav DECEASED Jesse W. Moffett (Type or print) DEATH May 19 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH AGE (In years I IF UNDER 1 YEAR IIF UNDER 24 HRS. last birthday) Months | Oavs male Hours white Mar. WIDOWED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Kent CO. Md. USA Retired Schoolteacher 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Pearly Moffett Sarah Pennington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | (If yes give war or dates of service) Chestertown, 3007 16 no Margaret 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Coronary Thrombosis hours **OUE TO** Arteriosclerotic cardiovascular disease several Conditions, If any, which (b) gave rise to Immediate DUE TO vears cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO AL YES 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. SJENATURE 22a. MED STAFF **x**x M.D. PHYS. OIRECTOR PHYS. 22c. PHYSICIAN'S AODRESS NAME (Type) . Farr Chestertown, Md. 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial (Specify) Old Bohemia Cem. Warick, Md. 24. \FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Chestertown, Md.

VR A15 (4) 20M 1/65

All services and the services are the services and the services are the services and the services and the services are the services are the services and the services are the se TTART. The last two was a second to the same of t

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06783	3			CERTIFI	CATE	OF DEATH			06	777	
1.	PLACE OF DEATH a. COUNTY Ker	nt			MARYL	AND	2. USUAL RESIDENCE o. STATE Marylan	d	b. COU Ke :	nty nt		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown			34 days	1b	E CITY OR TOWN (If o	11	ote limits, write RU	_	14-1		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, given the second of the second						d. STREET ADDRESS None					RESIDENCE A FARM?
3.	3. NAME OF First DECEASED		OSPIC	Middle	0	Lost	4. DATE OF	Mon		Day 29	Year 19 6 7	
S.	(Type or print) SEX	6. COLOR OR RACE		ARRIED [Gertrud NEVER MARRIED		Rasin B. DATE OF BIRTH	DEATH	9. AGE (In years	IF UNDER 1		NDER 24 HRS.
	Female	hite		OOWED 2			1/8/1887		80 birthday)			
10 du	o. USUAL OCCUPATION ring most of working Housewi	(Give kind of work done life, even if retired) Ee			OF BUSINESS OR STRY OME		11. BIRTHPLACE (Count		oreign country) land	COL	IZEN OF WHA UNTRY? JS	
	B. FATHER'S NAME						14. MOTHER'S MAIDEN	NAME				
		F. Rasin					Alice Je	well				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)				CIAL SECURITY NO.		NFORMANT spital Reco	rds	Chestert		Maryla:	nd
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)							1	sted	19. WAS			
								YES _	ORMED?			
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. 19 While of work							(State)				
21. I certify that (I) (this haspital) attended the deceased fram 5x 4/25, 1967, ta 5/29, 1967, that (I saw the deceased alive on 1967, and that death accurred at M, fram causes and an the date sto												
		220. SIGNATURE M.D. PHYS. ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED 22c. DHYSICIAN'S 1 22d. ADDRESS										
ľ	22c. PHYSICIAN'S NAME (Type		Ot	eiza				town,	Maryland			
1	Ba. BURIAL, CREMATION REMOVAL (Specify	6-1-	EREOF		23c. NAME OF CEMEN	ERY OR	CEMTY	23d. L	OCATION (City or TO	own) HE EGISTRAR'S S	(County)	(State)
1	24. FUNERAL DIRECTO	Konne	ly	-	STILL PO	NO,	MD. DATU	111 -	1967 Z	Cheryl	a Que	Lac.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral adirector, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any eyes. Within 72 hours after deoth.

VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physicion.

FOR S

in pencil in Item 18 Give Pages 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is

necessary, please execute the certificate, writing the word

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 5 may be retained far your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 10md2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death. "pending"

06790

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06778

	PLACE OF DEATH			here deceased lived, if institution					
	o. COUNTY Kent	MARYLAND	o. STATE b. COUNTY Kent						
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)						
	write RURAL and give nearest tawn) Werten	30 years	Wort	ON	141-1				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	Off	e IS RESIDENCE ON A FARM?				
	Kent & Queen Annes	Emergency Room	YES NO NO						
	NAME OF First DECEASED	Middle	Lost	4. DATE Menth	Doy Year				
	(Type or print) Dorothy	Lyle	Schmoor	DEATH MAS					
		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Doys Hours Min.				
	Female White w	IDOWED DIVORCED	Sep 22 190	03 63 yrs.	Months 2013 Hours				
1Da	. USUAL OCCUPATION (Give kind af wark dane	1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (State	ar fareign cauntry)	12. CITIZEN OF WHAT				
dur	ing most of working life, even if retired) Housekeeper & Avon	Saleswohnen	New Yo) Tole	COUNTRY?				
13.	FATHER'S NAME	Da Leb Women	14. MOTHER'S MAIDEN N		-				
	Maxwell By:	rd	Un	known					
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Addres					
(16	(If yes give war ar dates af serv	220 14 4843	Otto SCHNOOR	, Worton, Md.	(husband)				
	18. CAUSE OF DEATH (Enter only one couse per	r line far (a), (b), and (c).)			INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:								
	DUE TO DUE TO								
	Conditions, if ony, which gove) (b) Had an attack while sitting in a chair, and slumped								
	rise to immediate cause (o), stating the underlying cause lost. DUE TO Over unconscious. Just before, had complained of indigestion								
	last. (c)	Manner of death res	sembled card	liac arrest. Ti	me- 11:50 By				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI				19. WAS AUTOPSY				
CERTIFICATION					PERFORMED? YES NO []				
E	2Da. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in F	Part I or Part II of item 18.)					
CERT	PRIMARY or CONTRIBUTING CAUSE OF DEATH.								
	2Dc. TIME OF INJURY Month, Day, Year	2Dd. INJURY OCCURRED 20e. PLAG	CE OF INJURY (Hame, farm	, 2Df. (City or town)	(County) (State)				
MEDICAL	Haur a.m.	While Nat While fact	ary, street, office bldg., etc.)		(1010)				
	p.m. 17 atwark atwark								
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection x, Inquiry, and in my apinion								
	deoth resulted from: Notural causes 🕱, Accident 🗍, Suicide 🗐, Homicide 🗐, Undetermined monner								
-	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED								
	STOTION ON THE STOTION OF THE STOTIO								
	EXAMINER'S			city, tawn, ar county)	County 5/6/67				
22.	NAME (Type) Robert W. Fa			23d. LOCATION (City or Tow	rn) (Caunty) (State)				
/	REMOVAL (Specify)			Chestertown	, , , , , ,				
	Surial 5/11/6/	Chester Cer							
2	FUNERAL DIRECTOR	Chestertown	Md MAY	BY REGISTRA 967 25b. 25	cores Lugar				

DATE

VR A15ME (5) 6M 1/67

THE COR STORY WILLIAM PROPERTY (MILES CONTINUED OF THE PROPERTY) Personal Auto-States and the authority after Northwise Constray by a to the because on another tral subteshes an daying in he are the two two sea outcome beatments gracked parint TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
06791	CERTIFICATE OF DEATH	08779

1. PLACE OF DEATH a, COUNTY V CONT	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
a. COUNTY Kent	a. STATE Maryland b. COUNTY Kent Kent							
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
chestertown, 20 yrs.	Chestertown 14/							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
Migh St.	541 High St. YES □ NONEX							
3. NAME OF First Middle DECEASED (Type or print) Homer B. Simpkins	Last 4. DATE Month Day Year DE DEATH May 30, 1967 19							
/ WARRIED HEVER WARRIED	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.							
male white widowed Divorced 1	./2/1887 80 Solution of the large of the lar							
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY LIFON WORKER and builder (ret)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? New York U.S.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
David Simpkins	Elmira Baxter							
(Max as as and a) I (A) as always and Jakas of sumbank	INFORMANT 15 S. Mortonkave.							
(Tryes give war or dates of service) 220 26 2772 423	s. Esther Dean, Morton, Pa.							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	old age INTERVAL BETWEEN ONSET AND DEATH							
Cenditions, If any, which gave rise to immediate (b)								
cause (a), stating the underlying cause last.	cause (a), stating the DUE TO							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	YES NO							
	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)							
	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) 20f. (Clty or town) (County) (State)							
	me 26, 1962 to 5-30, 1967, that (1) (we) last							
saw the deceased alive on 5-25 1967, and that	death occurred at M. from the causes and on the date stated above.							
22a. SIGNATURE albuck M.D	ATTENDING MED. STAFF 5/30/67							
22c. PHYSICIAN'S NAME (Type) A. C. Dick	Chestertown, Md.							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 6/3/67 St. Paul Co	emetery near Chestertown, Md.							
24. FUNERAL DIRECTOR Chestertown,	Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							

1/65 A.15

